DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 3/13/10

PRINTED: 01/28/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	449222	A. BUILDING _____ B. WING _____	01/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN TENN MEDICAL CENTER SNF	629 HOSPITAL ROAD WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 280 SS=D	483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to review and revise care plans to reflect the changing needs for three residents (#2, #3, #7) of ten residents reviewed. The findings included: Medical record review revealed resident #2 was admitted to the facility on December 18, 2009, with diagnoses including Hypertension, Osteoarthritis, Pulmonary Embolism, Gastroesophageal Reflux Disease, Diverticulosis, and Chronic Obstructive Pulmonary Disease.	F 280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/12/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	Continued From page 1 Review of the Nursing Progress Notes and Comments dated December 24, 2009, revealed "This nurse notices that pts (patient's) picc (peripherally inserted central catheter) was pulled out of (L) (left) arm no drainage noted. PICC was intact and pressure drag (dressing) provided." Review of the Skilled Care Patient Care Plan revealed "Potential for complication related to PICC line" dated December 24, 2009, and the information had not been updated to reflect the removal of the PICC line. Review of the Skilled Care Patient Care Plan dated December 24, 2009, revealed the problem of "Infection - MRSA (Methicillin Resistant Staphylococcus Aureus; Type of isolation - Contact." Continued review of the care plan revealed no site of the infection was identified. Observation of the resident's room revealed no isolation sign on the door nor was there any personal protective equipment available. Review of physician's orders dated January 8, 2010, revealed the order "Consult with Dr. .....regarding removal of trach (tracheostomy - opening into the trachea)." Review of Progress Notes dated January 11, 2010, revealed the statement "Trach removed now. Site clean and dry." Review of the Skilled Care Patient Care Plan revealed no problem identified related to respiratory distress or the fact the resident had a tracheostomy. Continued review of the care plan revealed no interventions related to respiratory assessment, tracheostomy care, or care of the site after removal of the tracheostomy. Interview with the Director of Nursing (DON) on January 27, 2010, at 9:20 a.m., in the Activities	F280	**Finding #1** **Mitigation:** Resident #2's Care Plan was updated to reflect the patient did not have active MRSA, did not have a PICC line and corrected to address the resident's respiratory status and tracheostomy. The Care Plan was revised to reflect changes in the resident's status. **Action #1:** Because failure to revise the resident Care Plan to reflect change in the patient status has the potential to affect all residents, nurse education began on February 10, 2010 and all nurses will be re-educated by March 10, 2010 on updating Care Plans when a change is made in the resident's plan of care or a significant change is noted in the resident's condition. New employees will receive the education during New Employee Orientation **Monitoring:** The MDS Coordinator will monitor for accuracy twenty-five (25%) percent of patient Care Plans weekly and report this information to the PI committee quarterly.	012710 031010

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F 280	Continued From page 2 Room, revealed resident #2 had not been on isolation for two weeks; did not have active MRSA but was felt to be colonized; did not have a PICC line; the care plan did not address the resident's respiratory status and tracheostomy; and the care plan was not revised to reflect changes in the resident's status. Medical record review revealed Resident #3 was admitted to the facility on November 12, 2009, with diagnoses including Prostate Cancer, Hypertension, Right Above Knee Amputation, Left Foot Osteomyelitis, and Dementia. Review of the Skilled Care Patient Care Plan revealed a problem identified on November 17, 2009, as "Potential for complications related to Heplock". Review of a Diagnostic Imaging Report dated January 5, 2010, revealed the statement "A left upper extremity PICC is directed toward the midline in the subclavian vein." Continued review of the care plan revealed the problem had not been revised to reflect use of the PICC line. Review of the medical record revealed a physician's note dated November 12, 2009, which stated the resident had a "large ulcerated area to left heel with necrotic debris and Bone Scan showed osteomyelitis." Review of the Skilled Care Patient Care Plan dated November 17, 2009, revealed the problem "Impairment of skin integrity: Pressure Ulcer left foot, stage 3." Review of the intervention revealed "Wound vac"(vacuum) but no frequency of changing it. Continued review of the care plan revealed interventions of "Dietitian consult, supplements, Therapeutic med pass, pressure relief devices, treatment" were not checked to indicate they were	F280	**Finding #2** **Mitigation:** Resident #3's Care Plan was updated to reflect the patient had a PICC line in place, the wound vac dressing was to be changed every three days, and also treatment for the foot wound, pressure relieving devices, as well as nutritional interventions. **Action #1:** Because failure to revise the resident Care Plan to reflect change in the patient status has the potential to affect all residents, nurse education began on February 10, 2010 and all nurses will be re-educated by March 10, 2010 on updating Care Plans when a change is made in the resident's plan of care or a significant change is noted in the resident's condition. New employees will receive the education during New Employee Orientation **Monitoring:** The MDS Coordinator will monitor for accuracy twenty-five (25%) percent of patient Care Plans weekly and report this information to the PI committee quarterly.	012710 031010

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F 280	Continued From page 3 implemented. Review of the Nutrition Assessment revealed the resident received Ensure 1 can three times daily as well as med pass and whole milk with meals. Interview with the DON on January 27, 2010, at 9:40 a.m., in the Activities Room, revealed resident #3 had a PICC line in place; wound vac was to be changed every three days; and the care plan was not revised to reflect treatment for the foot wound; pressure relieving devices; nutrition interventions; and the presence of a PICC line. Medical Record review revealed Resident #7, was admitted to the facility on January 8, 2010, with diagnoses of Methicillin Resistant Staphylococcus Aureus of the Urine, Diabetes Mellitus, Status Post Ankle Repair, Hypertension, and Degenerative Joint Disease. Review of the resident's Skilled Care Patient Care Plan, dated January 18, 2010, revealed "MRSA Urine" was identified as a "Problem" for Resident #7. Further review of the care plan revealed "Sign will be displayed on patient door and visitors will be given appropriate instructions" were the only interventions checked as implemented on the care plan, for this problem. Interview with the Director of Nurses (DON), in the Conference Room, on January 27, 2010, at 9:30 a.m., revealed Resident #7 was on "Contact Isolation", and confirmed contact isolation was not marked as implemented on the resident's care plan. Further interview with the DON revealed the resident being on contact isolation should have been marked as an intervention on the care plan.	F 280		
		F 280	**Finding #3:** Resident #7's Care Plan was updated to include Contact Isolation as an intervention. **Action #1:** Because failure to revise the resident Care Plan to reflect change in the patient status has the potential to affect all residents, nurse education began on February 10, 2010 and all nurses will re-educated by March 10, 2010 on updating Care Plans when a change is made in the resident's plan of care or a significant change is noted in the resident's condition. New employees will receive the education during New Employee Orientation **Monitoring:** The MDS Coordinator will monitor for accuracy twenty-five (25%) percent of patient Care Plans weekly and report this information to the PI committee quarterly.	012710 031010